

CLAIMS ONLY						Application Number 10-786060	Filing Date			
						Applicant(s)				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments			
	Indep	Depend	Indep	Depend	Indep	Depend	*	*	*	*
1							51			
2							52			
3							53			
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46							96			
47							97			
48							98			
49							99			
50							100			
Total Indep	3						Total Indep			
Total Depend	9						Total Depend			
Total Claims	11						Total Claims			